



State of Nebraska
Nebraska Commission for the Deaf and Hard of Hearing
4600 Valley Road, Suite 420
Lincoln, NE 68510-4844



Form F: Extension Application – Provisional License

Section A — Personal Information:

1. Legal Name: _____ Birth date: ____/____/____

2. Social Security Number: ____ - ____ - ____ RID Membership Number: _____

3. Mailing Address: _____
(Street/Apt. #/P.O. Box/Route)

(City)

(State)

(Zip Code)

4. Home Telephone: _____ Business or Cell Phone: _____

5. E-mail Address: _____

6. **Submit a copy of one of the following picture IDs:**

☐ Driver's License ☐ Passport ☐ Other: _____

7. **Moral Character:**

Have you been convicted of a misdemeanor or felony in the past 2 years? ☐ Yes ☐ No

If yes, official court records relating to the conviction and disposition must be submitted along with a letter from you explaining your conviction.

Have you been disciplined, or are currently the subject of any disciplinary action, in any jurisdiction, related to providing interpreting services or adhering to either the RID Code of Ethics or the NAD-RID Code of Professional Conduct in the past 2 years? ☐ Yes ☐ No

If yes, submit the type of action, date, and name and address of the entity taking such action along with an explanation letter from you.

Section B — Eligibility Criteria for Licensing:

A copy of your current card or certification will need to be submitted with this application. Check all that apply.

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> NAD Interpreter Proficiency Certificate | <input type="checkbox"/> Level II |
| State/Agency Issued From: _____ | |
| <input type="checkbox"/> Mid-America QAST — Interpreting | <input type="checkbox"/> Level II |
| State/Agency Issued From: _____ | |
| <input type="checkbox"/> Mid-America QAST — Transliterating | <input type="checkbox"/> Level II |
| State/Agency Issued From: _____ | |

☐ Other Certification — _____
 Granted by: _____ Expiration Date: ____/____/____

I am eighteen (18) years of age or older: ☐ Yes ☐ No

I have attained a High School diploma/or equivalent: ☐ Yes ☐ No

Name of Institution Granting the Diploma/Certification:_____

Date of Graduation/Program Completion: ____/____/____

Section C — Current Interpreting Experience:

☐ I am currently working as a Sign Language Interpreter at: _____

☐ I am **NOT** currently working as a Sign Language Interpreter.

List all the interpreting workshops/courses/programs/assessments that you have attended and passed:

[illegible]

Applicant must submit with the written plan, a copy of transcripts and/or other documentation establishing completion of the above workshops/courses/programs/assessments. Indicate the number of additional pages enclosed: _____

Section D — Goal and Written Plan:

1. In order to obtain a license to practice interpreting and/or transliterating for deaf or hard of hearing individuals in Nebraska, I plan to obtain the following certification(s)/assessment(s):

2. In order to obtain the above certification(s)/assessment(s), I plan to accomplish the following:

Type of Instruction	Sponsor	Hours	Expected Completion Date
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Additional Comments:

Section E — Eligibility Criteria for Extension:

If you have not completed the requirements necessary to apply for an Interpreter or Transliterators License and wish to apply for an extension of your current Provisional License, check applicable reason(s) for extension request below and provide the necessary documentation.

I am requesting an extension of my Provisional License due to one of the following extenuating circumstances:

- ☐ I have served in the regular armed forces of the United States during part of the 12 months immediately preceding the license renewal date. (*Attach official documentation stating dates of service.*)
- ☐ I have suffered a serious or disabling illness or physical disability which prevented me from attaining the certification(s)/assessment(s) required for licensure during the 12 months immediately after the issuing of the Provisional License. (*Attach a written statement from a treating physician(s) stating that you were injured or ill, the duration of the illness or injury and the recovery period, and that you were unable to do the work necessary to achieve the certification(s)/assessment(s) required for licensure during that period.*)
- ☐ I am requesting an extension of my Provisional License due to the inability to obtain the necessary certification(s)/assessment(s) required for a license to practice interpreting and/or transliterating for deaf or hard of hearing individuals in Nebraska. (*Applicants must 1) provide a written rationale for the requested extension and 2) enclose a revised Provisional License Written Plan; making sure to detail the changes that have occurred since the original plan was written.*)
- ☐ Other, please explain:

Section F — Licensure Fees:

Provisional Interpreter or Transliterators License Fee:

- ☐ \$50.00 for one year

Section G — Certification of Applicant:

I hereby agree that I have knowledge of and comply with the standards set forth in the Regulations Governing the Practice of Interpreting or Transliterating as established by the State of Nebraska and understand the types of misconduct for which disciplinary proceedings may be initiated against me pursuant to said regulations.

I also certify that the preceding information is correct to the best of my knowledge. I agree to follow the NAD-RID Code of Professional Conduct as set forth in section 002 of the Regulations Governing the Practice of Interpreting or Transliterating.

Signature of Applicant

Date

Make check or money order payable to: Nebraska Commission for the Deaf and Hard of Hearing
Send application, all required documents and licensure fee to:

Nebraska Commission for the Deaf and Hard of Hearing
Attention: Licensing
4600 Valley Road Ste 420
Lincoln NE 68510